

Approved, SCAO

Original - Trial court
1st copy - Prosecutor
2nd copy - Defendant/Juvenile for return
3rd copy - Defendant/Juvenile

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY**

**NOTICE OF RIGHT TO TIMELY APPEAL
FOLLOWING TRIAL / CONTESTED
PROBATION REVOCATION HEARING /
CONDITIONAL PLEA**

CASE NO.

Judge:

Court address

Court telephone no.

THE PEOPLE OF THE STATE OF MICHIGAN

v

Defendant/Juvenile name, address, telephone no., and date of birth

The following notice is given to you to comply with the Michigan Court Rules [either MCR 6.425(E), 6.301, or 6.445(H)].

1. You are entitled to appellate review of your conviction and sentence.
2. If you are financially unable to retain a lawyer, the court **will** appoint a lawyer to represent you on appeal.
3. The request for a lawyer must be completed and sent directly to the court at the address noted above within 42 days after sentencing. The financial schedule on the back of this form must be completed.

RECEIPT OF NOTICE OF APPEAL RIGHTS

On this day I received this form and financial schedule. I understand that I must return the completed Request for Appointment of Lawyer to the court within 42 days if I want an attorney appointed for my appeal.

Date

Signature of defendant/juvenile

REQUEST FOR APPOINTMENT OF LAWYER AND AFFIDAVIT OF INDIGENCY

I request appointment of a lawyer to appeal my conviction and sentence. The affidavit of indigency and financial schedule on the back of this form is submitted to show my financial condition.

Date

Signature of defendant/juvenile

NOTE TO DEFENDANT/JUVENILE: After completing the request for appointment of lawyer and the affidavit of indigency and financial schedule, keep one copy for yourself and return the other copy to the court.

AFFIDAVIT OF INDIGENCY AND FINANCIAL SCHEDULE

I request a court appointed attorney and submit the following information:

1. RESIDENCE

☐ Rent ☐ Own ☐ Live with parents ☐ Room/Board ☐ Prison _____
Number

2. MARITAL STATUS

☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Dependents: _____
Number

3. INCOME

a. Employer name and address

b. Length of employment

c. Average of pay

☐ weekly

☐ monthly

☐ every two weeks

Gross: \$ _____ Net: \$ _____

d. Other income (state monthly amount and source [DSS, VA, rent, pensions, spouse, unemployment, etc.]) If no income, state NONE.

4. ASSETS

State value of car, home, bank deposits, inmate accounts, bonds, stocks, etc. If no assets, state NONE. Attach an account statement and certification for assets in prison accounts.

5. OBLIGATIONS

Itemize monthly rent, installment payments, mortgage payments, child support, etc.

6. REIMBURSEMENT I understand that I may be ordered to reimburse the court for all or part of my attorney and defense costs.

Signature

Name (type or print)

Address

City, state, zip

Subscribed and sworn to before me on _____, _____ County, Michigan
Date

My commission expires: _____ Signature: _____
Date Notary public